

Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, January, 1976, Volume XXX, Number 1



John Warmbrodt



Susan Kingston



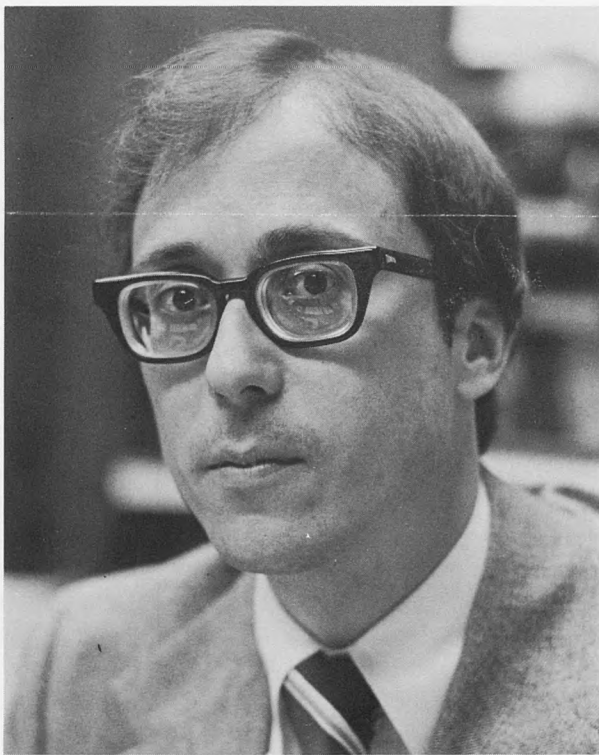
Robert McAuliffe

Four administrators are promoted by board of directors

Four members of the Barnes administrative staff have been promoted, according to Barnes president Robert E. Frank, who announced the new positions following action of the Board of Directors late in December.

John Warmbrodt, former vice president, has been named executive vice president. Three associate directors, Susan Kingston, Robert McAuliffe, and Thomas Winston, have been named vice presidents of Barnes Hospital.

Front Cover: Work is continuing on the four-story service building scheduled to be completed in 1977. Workmen have completed much of the steel superstructure and have poured most of the concrete flooring.



Thomas Winston

A member of the Barnes staff since 1960, Mr. Warmbrodt came to the hospital from Peat, Marwick, Mitchell, certified public accounting firm, where he was a manager. In July, 1966, he was named deputy director of Barnes. He became vice president at the time Barnes was incorporated in 1973. He also serves as corporate secretary and assistant treasurer.

He is a graduate of St. Louis University and is a Certified Public Accountant. Mr. Warmbrodt, a native of St. Louis, is married and the father of three children.

Mrs. Kingston has served as an associate director and the director of nursing of the hospital since 1971. She previously had served the hospital as a staff nurse, head nurse, a nurse supervisor, assistant director of nursing and associate director of nursing.

She holds the bachelor of science degree in nursing from Washington University in St. Louis and

is a graduate nurse from Passavant Memorial Hospital's James Ward Thorne School of Nursing in Chicago. She is a native of Burlington, Iowa, and joined the nursing staff at Barnes in 1959.

Mrs. Kingston is active in numerous nurse organizations including the American Nurses' Association's Council of Nursing Service Facilitators, the American Hospital Association and the American Society for Hospital Nursing Service Administrators. She and her husband, Douglas, live in West County.

Mr. McAuliffe, a native of St. Louis, is a graduate of the University of Notre Dame and attended the Graduate School of Business Administration at Washington University. He has been controller of Barnes since 1966.

Following military service in the U.S. Army, Mr. McAuliffe was a public accountant and was a budget director and administrative assistant to St. Louis County Supervisor. He was named as budget director of Barnes in 1962 and later served as assistant controller.

He is a past president of the St. Louis chapter of the Hospital Financial Management Association.

Mr. Winston, an associate director of the hospital since 1970, has had major responsibilities for several hospital departments and construction supervision and planning. He serves on many hospital committees and chairs committees on outpatients and disasters.

A native of North Carolina, Mr. Winston graduated from Memphis State University and holds the master of hospital administration degree from Washington University School of Medicine. He served his internship at Birmingham (Ala.) Baptist Hospital. He was named an assistant director at Barnes in 1968.

He is a member of the American College of Hospital Administrators, the Missouri Hospital Association's committee for Comprehensive Health Planning and the Metropolitan St. Louis Hospital Association committees for Safety and Emergency Services Categorization.

Mr. Winston, his wife Sue, and their three children live in Manchester.

General wage increase for employes approved by board

A general wage increase, adjusting the minimum wage paid to Barnes employes and raising wages in all pay grades, has been approved by the hospital's board of directors. Hospital President Robert E. Frank, in a letter to employes, said the increases begin with the pay period starting Jan. 4.

The minimum wage will be increased ten percent to \$2.81 per hour from \$2.55. All other pay grades will be increased on an adjusted basis resulting in a five percent increase in the highest pay grades through the seventh step.

(Continued on page 2)

Wage increase . . .

(Continued from page 1)

"Even though it was announced last year that the eighth step of each grade was to be eliminated in 1975," Mr. Frank said, "most employees above the seventh step will be eligible for some increase. Most employees in ungraded positions will be eligible for increases in percentage amounts comparable to graded positions."

Mr. Frank also announced in the letter that the Barnes Retirement Plan is being amended in January and that membership in the plan will no longer require contributions by employees. All full-time employees who are 25 years of age and who have one full year of continuous employment at Barnes may be members of the plan. All pension costs will be paid by the hospital.

"This means that the amount previously deducted from payroll checks for the pension plan—4½ percent of all earnings over \$4,800 each year—will also be paid by the hospital," Mr. Frank said. "Full vesting in the plan will occur after ten years of continuous employment and most part-time employees working in excess of 1,000 hours a year may also be included in the plan."

Walter Hanes, director of personnel, said that the general wage increase, while providing increased rates of pay for all grades, puts more emphasis on the lower pay levels.

Fire prevention effort is ongoing project

Although Barnes has never had a fire of proportions to cause injury, the hospital is not sitting back, resting on past efforts. Safety personnel continue their programs of fire prevention education and drills as well as extensive inspections.

"Today, the chances that we could experience a fire which would develop to major proportions, is very remote," said Ed Thurman, safety director of the hospital. "We have many safeguards against a really damaging fire."

One of the safeguards, and one which attracts the most attention, is the response from the local fire departments when they receive a report of a real or possible fire at Barnes. Whenever they are called, fire fighters respond with three pumpers, two hook-and-ladder units, a rescue squad and a battalion chief. Additional equipment is standing by throughout the area if needed.

Recently smoke was detected in a rest room in the clinics building and the fire department was called. The source of the smoke had been found and smoldering material extinguished before the fire department arrived. However, they arrived ready to combat a potentially serious situation. "When the fire department gets its first call they have no way of gauging the seriousness of the fire," Mr. Thurman said. "What they do is respond in force, ready for any problem. This is the way the fire department wants it and it is the way we want it."

As the fire trucks were driven away, several persons who had gathered were heard talking about the amount of money spent sending fire fighters on "wild goose chases." Mr. Thurman feels those persons do not understand the problem.



Ed Thurman, left, and Captain George Cole of the St. Louis Fire Department, inspect fire hose in East Pavilion. Fire officials make regular checks of the hospital.

"If, on one occasion the fire department did not respond immediately, there would be a chance of a serious fire. The first five minutes in any fire is the most important, whether it is in a wastepaper basket or somewhere else."

Fire department response is only one of many ways in which Barnes is on guard against fire. The basic educational process begins with the orientation of new employees. Orientation sessions include details on fire prevention, detection and response. Employees are instructed in the use of the different types of the more than 550 fire extinguishers in the hospital.

Weekly drills are carried out. Mr. Thurman conducts the drill by walking into a department or nursing division and announcing that he is conducting a drill and that there is a fire in a specific place. He then watches as employees react to the situation. Reports on the drill are forwarded to administrators.

When a drill is conducted, a fire report is called to 2500, a priority line in the telecommunications office. The operator immediately notifies security, maintenance, Mr. Thurman, administrative officer of the day and nursing officer of the day. In case of a real fire, security would have notified the fire department.

A major part of the prevention system is pre-planning both by the hospital and by fire fighters. Details of where specific facilities are located is always at hand in the hospital. Local fire department officials are in the hospital on a regular basis to familiarize themselves with the entire complex.

"When we notify them of a fire and give them a location, they immediately can find, in their files, what type of fire they might expect to find, Mr. Thurman said. "They know if it is in a building housing laboratories, patients or mechanical equipment. This information helps them be prepared for anything."

Inspections are conducted on a regular basis by Mr. Thurman, by city fire marshal inspectors and by insurance company inspectors. "While these inspectors are invaluable to us because of their knowledge and experience, some of our own employees have alerted us to potential problems," Mr. Thurman said. "Fire prevention is the duty of every employee at the hospital."

National, state and local regulations control what types of material are used in hospitals. For instance, carpeting, drapes and other materials have to be flame resistant. In addition, newer regulations increase the use of smoke detectors and sprinkler systems.

Mr. Thurman said that many areas of the hospital have smoke detectors and some areas, such as trash receptacles, laboratories and kitchen areas, have extensive sprinkler systems. "Each new area or areas that are renovated are equipped with the latest in preventive materials and detection devices."

"We can't afford not to be safe. The well-being of our patients and employees is at stake. People may get tired of learning about fire extinguishers, they may tire of fire drills, they may not understand why the fire department comes when there may be no real fire. But these are all things which have helped us achieve the good fire safety record which the hospital enjoys. And we are going to keep it up."

Barnes Society dinner



The annual December dinner meeting of the Barnes Hospital Society (top) was held Dec. 10 at the St. Louis Club. A talk on "Malpractice Insurance" was given by State Sen. Albert Spradling of Cape Girardeau. This is the second year that the dinner has been held at the St. Louis Club atop the Pierre LaClede building in Clayton. (Bottom) Talking with Sen. Spradling, seated, is Barnes President Robert E. Frank.



There are broad smiles all around as three representatives of the Missouri State Council of Fire Fighters present \$500 checks to Barnes Hospital and St. John's Mercy Hospital for their burn units. The two checks were delivered at a luncheon in Queeny Tower in December to representatives of both hospitals. Left to right, above, are Gail Chatfield, secretary-treasurer of the Fire Fighters; John A. Bowen, president; Sister Mary Isadore, St. John's Mercy; Fred Langwith, vice president; and Constance Barton, Barnes Hospital.

Missouri fire fighters give money to burn unit

A check for \$500 was presented to the Barnes Hospital burn unit in December by the Missouri State Council of Fire Fighters. The Fire Fighters were hosts at a luncheon in Queeny Tower to present checks to Barnes' burn unit and to St. John's Mercy Hospital.

The Fire Fighters have long been enthusiastic supporters of the Barnes burn unit. Several years ago the St. Louis local presented the unit with money for special equipment. Last spring, a Fire Fighters' weekend was held in St. Louis with a percentage of the ticket sales going to Barnes and to St. John's Mercy's burn units.

The most recent gift was made possible by a percentage of subscription sales for the *Missouri Fire Fighters*, the official magazine of the Missouri State Council of Fire Fighters.

"We're very pleased to help Barnes in this way," said Gail Chatfield, secretary-treasurer of the Missouri Council. "Fire fighters know the importance of good hospital care. Barnes is the St. Louis Fire Department's hospital, the place where all our injured fire fighters are taken. We live in the shadow of danger and it is reassuring to know such good care is available in St. Louis."

Carolers bring Christmas to hospital patients

Three groups of carolers visited the hospital at Christmas and brought the songs of the holidays with them to patients at Barnes.

First year medical students at Washington University School of Medicine visited the East Pavilion and two groups of second year medical students sang on patient floors in Rand Johnson. A group of carolers from Westminster Church of Christ visited patient floors in Queeny Tower.

Study continues on link between cholesterol and heart attacks

More than 44,000 men in the St. Louis area have been screened as part of a study to determine whether or not reducing the amount of cholesterol in the blood will lower the incidence of heart attacks.

Dr. Gustav Schonfeld, Barnes physician and director of the medical center's Lipid Research Clinic, said that about 375 men will complete their enrollments into the clinic's coronary prevention study within the next few weeks.

Preliminary enrollment in the study began approximately two years ago. The local project is part of a national study sponsored by the National Institute of Health's Heart and Lung Institute.

"What we hope the study here and across the country will show," Dr. Schonfeld said, "is whether or not lowering the blood cholesterol level in men will actually decrease the incidence of heart attacks. Studies which have been carried out so far have been inconclusive and, in some cases, contradictory." Only men are participating in the study because men have a higher percentage of heart attacks.

"We underestimated the amount of work and time it would take to screen enough men to find the 350 to 400 we are searching for in connection with this study," Dr. Schonfeld said.

"We have had about five or six people working on the screening process with the help of industry, the Red Cross Blood Bank, clinical laboratories and practicing physicians. Of the 44,000 screened, about 2,000 have undergone additional medical examinations and tests here. From these 2,000, we have selected the 375 men who fit the characteristics we need," he said. Men meeting the requirements are between the ages of 35 and 59, have a high cholesterol count, are in good physical condition and never have had a heart attack.

Following acceptance into the study, men are tested every two months for several years. They also receive one extensive physical examination each year. They are placed on a moderately low fat, low cholesterol diet aimed at reducing the blood cholesterol level and take the drug cholestyramine, a resin which drains cholesterol from the body through the bowels.

Dr. Schonfeld said that approximately 25,000 men were screened through the cooperation of area industries, 15,000 through the Red Cross Blood Bank and 4,000 through clinical laboratories in the area. "The businesses and industries in St. Louis have been very pleased to let us screen employees," he said, "and the employees felt that the test was a fringe benefit to employment." He said that many men in the medical center were screened as part of the study.

The screening includes a measurement of blood pressure test and the drawing of 10 milliliters of blood to be tested for cholesterol level. Each man screened received notification of the test results. As part of the process, each of the 2,000 men who qualified for a visit to the clinic received a complete medical history, a physical examination, numerous laboratory tests, an exercise electrocardiogram and a diet history was taken. This workup would normally cost individuals between \$500 and \$600.

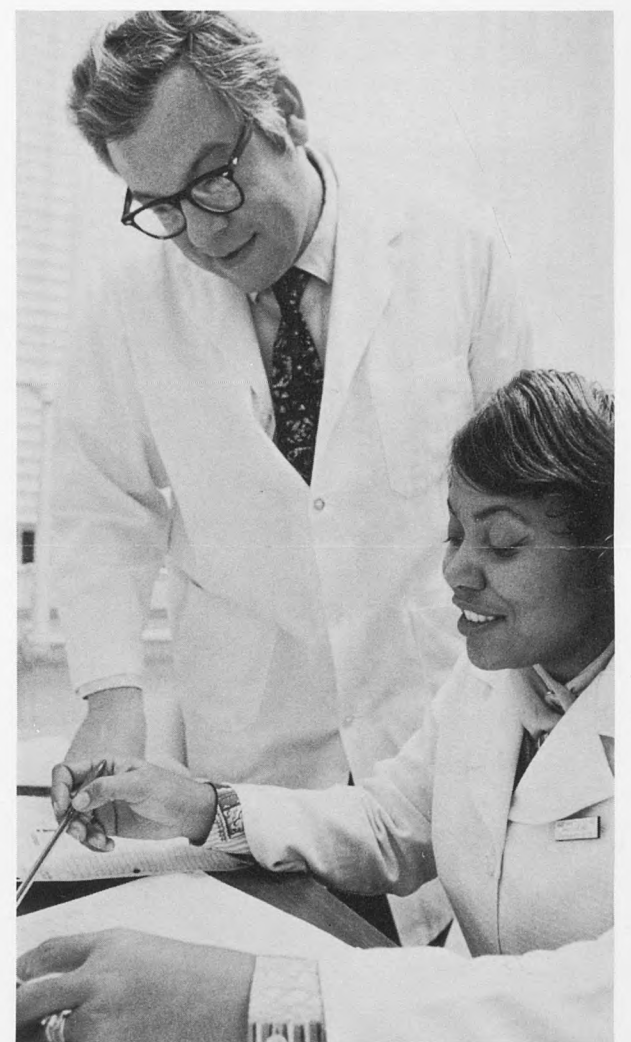
Recently some medical personnel have criticized the egg industry for saying that cholesterol in

eggs does not contribute to heart attacks. Dr. Schonfeld said that it is commonly accepted that high levels of cholesterol in blood pose a risk factor in heart attacks. "Populations which eat food high in cholesterol such as eggs, saturated fats, animal fats and organ foods such as liver, kidneys and brains, do have increased levels of cholesterol."

He said that cholesterol is believed also to contribute to arteriosclerosis, or hardening of the arteries. Deposits of fat and cellular products build up along the walls of arteries, limiting the supply of blood which can flow through.

Dr. Schonfeld said the major problem to be faced next is to be sure that the men in the study will adhere to the medical program. "It's hard to get people into the habit of taking medicines regularly and to follow diets over long periods of time but we have ideas which we hope will please our men and motivate them at the same time," he said.

Dr. Joseph Witztum is project coordinator for the coronary prevention part of the project.



Dr. Gustav Schonfeld looks over records of some of the more than 44,000 men who have been screened for high cholesterol counts as part of Lipid Research Center study.

Holidays are busy for housekeepers

As the patient census decreases and some nursing divisions are closed over the holiday season, the housekeeping department works even harder to give empty rooms a complete cleaning.

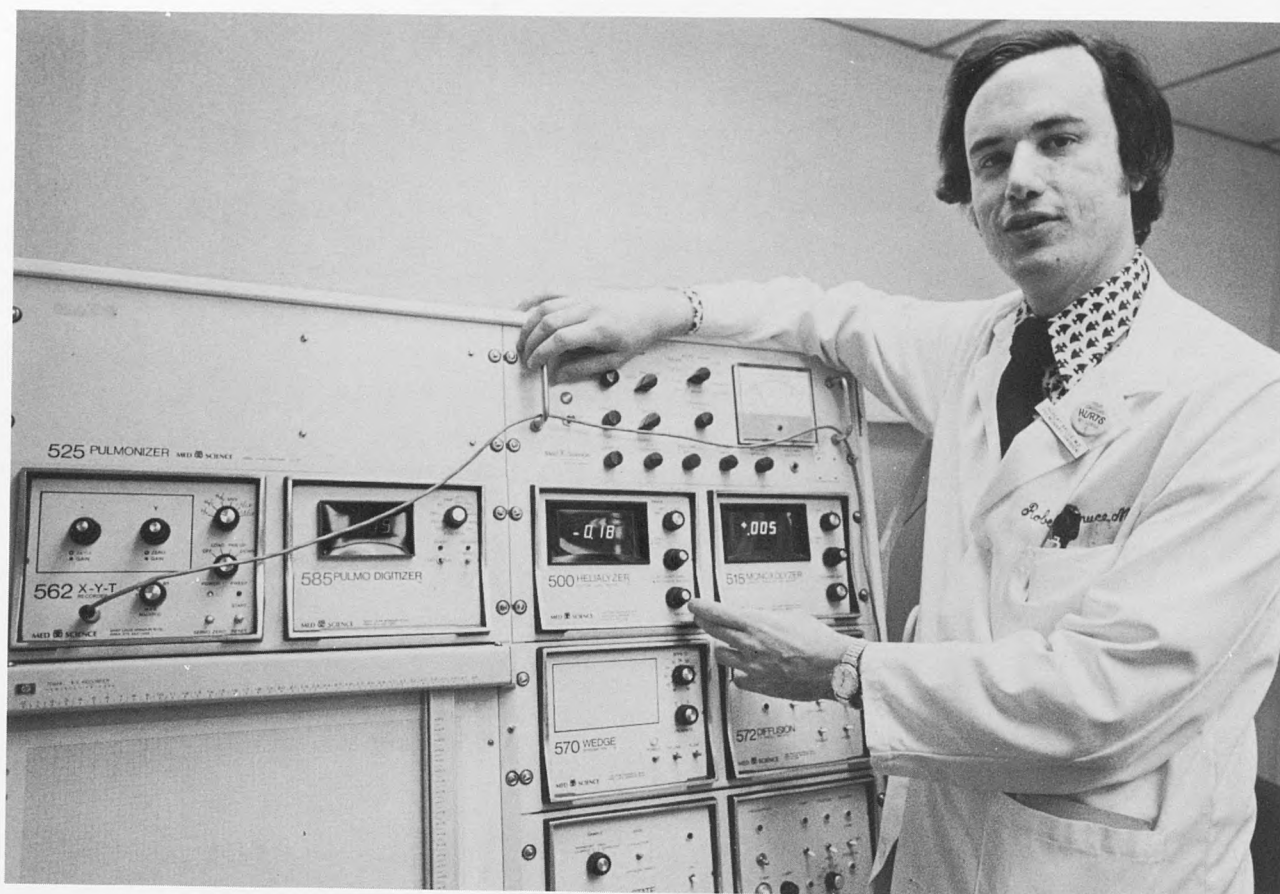
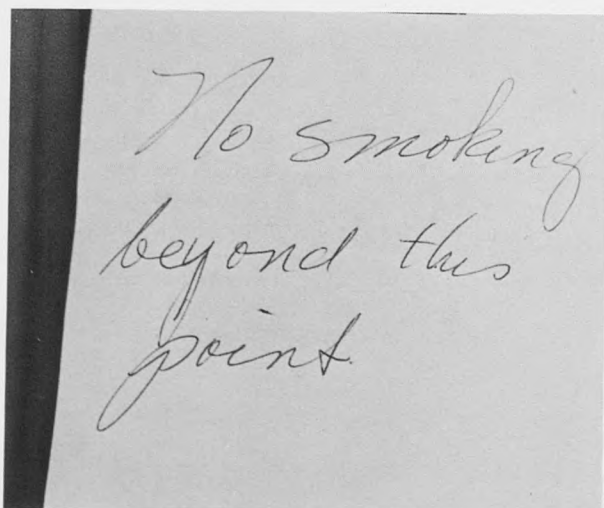
Ernest Launsby, executive housekeeper, said that rooms and patient facilities on six nursing floors were cleaned "from top to bottom." The areas were closed for periods ranging from 12 to 18 days. Closed were 12100, 3 Bernard, 4 Bernard, 8100, 6400 and 5200. The general surgery intensive care unit on 5200 remained open.

"We seldom are able to find rooms where both beds are empty," Mr. Launsby said. "And so when whole floors are closed for a period of time, we have to be ready to give that area a complete once-over."

Non-smokers are becoming more vocal against "pollution" of their air



Rebecca James, an admitting officer, models some of the buttons which are popular with non-smokers.



Dr. Robert Bruce, of the department of pulmonary disease, explains operation of machine used to test pulmonary function. Results show smokers have decreased breathing capacity.

Do it someplace else

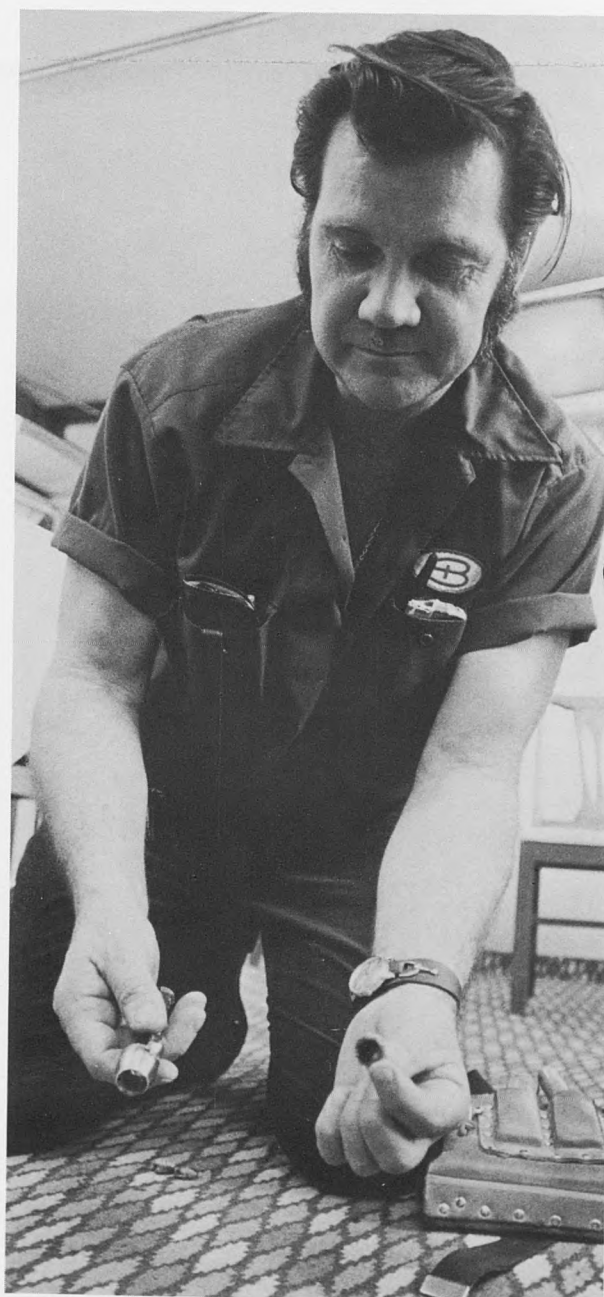
The perennial New Year's resolution for many people is to quit smoking. This year they are getting more encouragement than ever before. And the encouragement is not in the form of a "soft sell" approach.

One sign on an office door says "No smoking beyond this point." A button worn by a medical secretary says "Yes I do mind if you smoke." In fact, the non-smokers are becoming much more vocal in their protest of pollution in the air they breathe.

The protests come in many forms, from the hand-made signs to flashy buttons, from glares across a table in the cafeteria to full-blown posters. One poster, which won an award for graphic design, showed a cigarette butt with wording which was a parody of the surgeon-general's warning on packs of cigarettes: Warning: The Surgeon General has determined that cigarette smoking will turn your fingers and teeth yellow, make your breath stink and ruin your lungs—do it someplace else.

New efforts underway to limit smoking in public places

Minnesota has passed a law requiring restaurants to have designated areas for non-smokers, and St. Louis aldermen are contemplating a similar ordinance. Policemen on Bi-State Transit System are under orders to enforce a no-smoking ordinance now existing. Smokers in Detroit recently won judicial approval to smoke in that city's new enclosed stadium following a lower court's ban on smoking.



Walter Jones, a maintenance employee, spends much of his time repairing burn marks on carpets throughout the hospital. The carpets, which are fire resistant, are repaired by using identical carpet.



The outspoken non-smokers are trying other tactics to win their battle against the "polluters," following less than successful efforts to stem the tide of the increasing numbers of smokers. Their efforts are more open and include lobbying for ordinances which limit the places where smokers can light up.

Dr. Robert Bruce, Barnes physician and a member of the pulmonary department at the hospital, said that approximately the same number of people as last year will try to quit smoking during 1976. "Our figures show that about 85 percent of all smokers will actually try to quit during this year." His figures also show that approximately 40 percent of those who do try, will succeed, at least for a six-month period. Of course, statistics show more persons are smoking so there is no noticeable reduction in the amount of cigarettes being smoked.

"I think the time is right for people to quit smoking," Dr. Bruce said. "There are more non-smokers than smokers and the reason for that is simple. Smoking is bad for a person's health. We have medical proof of that. And I also think the time is right for people to stand up for their rights and say that 'Your smoking bothers me.'"

What does medical research show about smoking? It shows that people who smoke a pack of cigarettes a day tend to develop chronic bronchitis, emphysema or lung cancer. "The statistics show this to be true," Dr. Bruce said. "Of course everyone who smokes knows someone who smoked all of their life and never developed any of these problems. But the law of averages, the statistics we have compiled, do not support the assumption that these medical problems always happen to the other person."

He pointed out a study showing that smokers admitted to hospitals following heart attacks stand twice the chance of dying of another heart attack than non-smokers and, while recovering, their hospital stay is longer than non-smokers. "Other studies have calculated employee sick days each year and the studies show the number of days missed goes up in direct proportion to the number of cigarettes that that employee smokes each day."

10,000 times more deadly than air of Los Angeles on worst day

Government studies have been made of the amounts of pollution in the air of major American cities. St. Louis consistently ranks slightly below maximum allowable safe standards of particulate matter in the air. Los Angeles occasionally ranks far above those same maximum standards. "And yet, you take one puff off of a cigarette and the air in your lungs is 10,000 times more deadly than the air of Los Angeles on its worst day. If the air that we breathe was the same quality as cigarette smoke we would not be able to see one another across a small table and we would die of oxygen starvation."

Dr. Bruce said that not only are people polluting themselves, they are polluting others around them. "Even in a restaurant with good ventilation, the smoke from a cigarette is inhaled by other individuals. At home, cigarette smoke is constantly inhaled by non-smokers, including children." But he considers smoking in a closed car as the worst.

"By smoking a cigarette in a closed car, automatically about 10 percent of the blood's hemoglobin is no longer able to carry oxygen to the body. For a passenger, this figure is about five percent of the hemoglobin unable to carry oxygen. Smoking can affect the driver's senses and his reflex action." He noted that some automobile insurance companies have non-smoker discounts.

Dr. Bruce said that one of every five smokers will develop emphysema, a deterioration of the lungs. "This is irreversible, that lung tissue is

gone forever. The person becomes very short of breath and the condition restricts much of their daily activity. Many persons with emphysema have to sleep sitting up; they can't breathe lying down."

He also attributes smoking to the rapidly rising incidence of lung cancer. He said that smoking is responsible for 80 percent of all cases of lung cancer. "In 1900 if a person had lung cancer, he was considered a person with a rare disease. In that year they were approximately 500 deaths due to lung cancer. In 1974, 50,000 deaths were attributed to lung cancer and the figure rises every year.

"Cold Turkey" is best way to quit

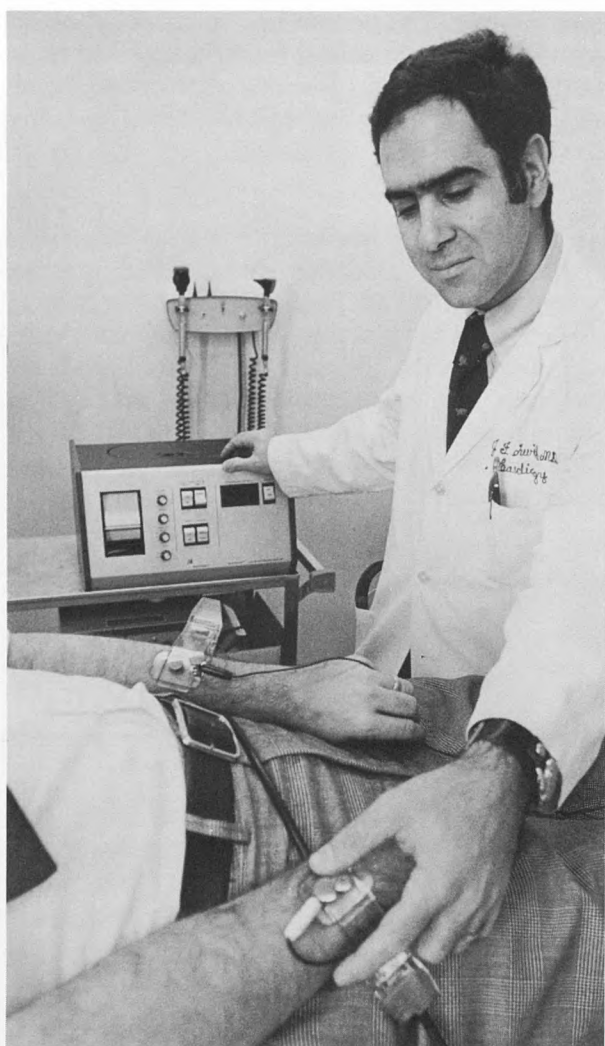
How does a person quit smoking? "Some quit cold turkey and this is the most effective way," Dr. Bruce said. "But there are other ways. Some people try to cut out one cigarette at a time. Maybe they cut out a cigarette after breakfast and then one after lunch, continuing on until they are able to cut out each one." He noted that several stop-smoking clinics are operating in the metropolitan area.

He said another way that has worked for some people is to wrap cigarettes in a piece of paper with a pencil included. "When the person feels the need to smoke they have to unwrap the paper and write down what time they are smoking and why they feel they need a cigarette. By studying the paper, they may be able to ascertain why they wanted a cigarette. If they can control that situation, they may be able to stop."

"I certainly don't know how to get people to stop smoking," Dr. Bruce said. "I know what has helped for some people. I don't care how they do it, just that they do it."

He agrees that at one point it was "fashionable" to smoke. "Even today the peer pressure to light up is tremendous. But just as there is peer pressure to smoke, there is a lot of peer pressure today not to smoke."





Dr. Joseph Ruwitch, Barnes cardiologist, connects pacemaker recipient to machine to test pacemaker output. Tests are conducted in the new pacemaker clinic at Barnes.

Clinic established for recipients of heart pacemakers

As a result of the increase in the number of persons receiving pacemakers to regulate the heart-beat and the numerous types of pacemakers now available, there has been an increase in the need for careful followup so that cardiologists can check to assure the unit is working properly and to watch for weakening of the pacemaker battery.

A pacemaker clinic was established in early 1975 at Barnes Hospital. Dr. Joseph Ruwitch, a cardiologist and clinic director, said that approximately 45 persons with pacemakers are currently being followed.

"The purpose of the clinic is to objectively check the function of the pacemaker," Dr. Ruwitch said. "We make sure the unit is working properly, and particularly look for changes in the pacemaker's battery which would necessitate replacement. We also try to help the pacemaker patient understand the unit and what it is doing for him."

Barnes surgeons implant an average of 10 to 20 pacemakers each month. The units come in a variety of models, but each serves the same function; to control any abnormally slow heartbeat, and in particular, complete heart block, which may lead to sudden death.

"In complete heart block, the electrical impulse generating the heart beat cannot pass from the atrium to the ventricle," he said. "The ventricle then stops beating or beats too slowly. The pacemaker senses this and begins giving the heart electrical stimuli to maintain its beating." He said that persons cannot feel the pacemakers as they work (and many actually wonder whether or not the unit is working).

Dr. Ruwitch said that newer models are "demand pacemakers," working only when the heart stops

beating fast enough, stopping automatically, and standing-by when they are not needed. The units are implanted under the skin and have a lead attached directly to the heart. The lead delivers the electrical stimulus to the heart, and also serves as an "antenna," sensing what the heart is doing, so the unit knows whether to turn on or off.

Because the lead serves as an "antenna," it may also pick up sensory information other than from the heart. Early pacemaker recipients were advised to stay away from microwave ovens because, on occasion, the pacemaker could mistakenly interpret the waves from the oven as being from the heart, causing the pacemaker to malfunction. Newer models, however, have greatly reduced the possibility of responding to stimuli from sources other than the heart.

Many new methods of powering the units have been discovered. Most pacemakers being implanted at Barnes use mercury-zinc batteries which last approximately three years. Many earlier models used batteries which had to be replaced every two years. Of course, each replacement is a surgical procedure requiring hospitalization.

"We have come a long way from the earliest pacemaker in 1959," Dr. Ruwitch said. The first pacemaker was a large machine, with a "very long extension cord." The unit had to be plugged into electrical outlets and, according to Dr. Ruwitch, was "very inconvenient. Yet, when the alternative was possible death, they were sometimes effective and, of course, worth the inconvenience."

While newer units are smaller, more reliable and longer lasting, scientists are still searching for power sources which will lengthen the time between power source replacements. "We are now near to having a non-nuclear power source which would last from 10 to 15 years," Dr. Ruwitch said.

Pacemakers do not prevent heart attacks and are usually not used to control rapid heart rhythm. "The heart, especially that of older persons, cannot tolerate a very slow heart beat for an extended period of time. We sometimes see children with pacemakers, too, installed early in life because of a congenital heart block."

The pacemaker clinic at Barnes, and others in the United States, grew out of the need to maximize the life of pacemakers, particularly those with short-lived batteries. "We keep close track of these persons and allow their pacemakers to remain in, often far beyond the manufacturers' recommended replacement date, as long as no indicators of early battery exhaustion appear," Dr. Ruwitch continued.

Persons visiting the clinic, located in Barnes' Queeny Tower, undergo tests to determine if the unit is functioning properly. This is done by machines which measure and display output parameters. When the battery is nearing the point where it needs to be replaced, the pacing rate of the unit will fall off gradually and the output wave pattern will begin to change its shape and size.

"We evaluate patients on a regular basis, with more frequent measurements toward the end of, what the manufacturer says, is the life of the battery. The readings we get from the tests tell us, with plenty of time to spare, when the patient should have the battery replaced."

In many cases, pacemaker batteries actually last many months longer than the manufacturer's prediction. "We don't recommend replacement until we find evidence that the battery is growing

weaker. As a result, we often are able to delay the surgical procedure, saving the patient time and inconvenience," Dr. Ruwitch pointed out.

Ten clinic patients currently use telephone transmission to enable cardiologists to check the pacemaker without the patient having a visit the clinic. "This is especially important when the patient lives some distance from the hospital," he said. Telephone transmission is accomplished by the patient putting on wrist bands and placing his telephone into a special cradle in a small transmission box, which the patient keeps at home. Trained personnel may then record the readings over the telephone in the clinic.

"We find one of the most important functions of our clinic is to inform pacemaker recipients about the units," Dr. Ruwitch said. "Many of them don't really know what a pacemaker does or how it operates and have great fear of pacemaker malfunction. We educate them and remove many of their doubts about the units."

Dr. Ruwitch feels that the clinic also is important because it serves as a reference source for information about the many different types of pacemakers. "Practicing physicians may not have all the necessary information about the large number of available units at hand. Without this data, they may be unable to tell whether a unit is malfunctioning or not. We provide a central reference point for that information. In this, as in other aspects of clinic operation, our aim is to play a support role for, rather than to replace, the primary physician."

Retiree honored at luncheon

Co-workers of Florence Bramer, a transcriptionist in medical records, honored her with a luncheon prior to her retirement Nov. 29. Friends presented her with gifts including a savings bond.



Mrs. Bramer, who had served the hospital for more than 15 years, also was presented with a Certificate of Appreciation by hospital President Robert E. Frank.

"The gifts were just overwhelming," Mrs. Bramer said, "but the important thing is they show the friendship which we have had in that department. It is just tremendous." A native of St. Louis, Mrs. Bramer plans to enjoy her retirement and not have to "fight the ice and snow."

She plans to spend time with her six children and her 12 grandchildren, most of whom live in the St. Louis area.

Barnes Bulletin

January, 1976

Published by the Public Relations Department of Barnes Hospital, Barnes Hospital Plaza, St. Louis, Missouri, 63110. (314) 454-3515

Constance C. Barton Director

Jim Hubbard Editor

Daisy Kramer Associate Editor

Copyright 1976 by Barnes Hospital

Tribute Fund

The following is a list of honorees (names in **bold-face**) and contributors to the Barnes Hospital Tribute Fund from Nov. 21 to Dec. 22, 1975.

IN MEMORY OF:

Mitchell V. Allen

Mr. and Mrs. Preston W. Lewis

Mrs. Stark

Dr. and Mrs. Harold Joseph

Dr. Bernard Friedman

Alice Mitchell
Bernice Koster

R. M. Ostertag

Dr. and Mrs. H. R. Hildreth

Col. John G. Moore

Mrs. Dorothy Lorenz

Brenda Klearman

Mr. and Mrs. Dan Klearman

Mary Stephens Gray

Mr. and Mrs. M. R. Chambers

J. Roger Johansen

Mr. and Mrs. M. R. Chambers

Mrs. Charles A. Thomas

Mr. and Mrs. J. W. McAfee

Dan Menser

Mr. and Mrs. Joe Riekman

Mary and Fred Hoelzer

Violet Telthorst

Ernest Struthers

Audrey Kolker
Nearly New Shop
Helen Ezell
Easy Hill
Helene Ficker

W. W. Abel

Sharon Crump
Denise Zwick
Rosalind Daly

Edward J. Riley, Jr.

Mr. and Mrs. M. R. Chambers

Kelton E. White

W. D. Herald
St. Louis Municipal Opera

Lisa Weiss

John and Nancy Kohler
Mary Wentker

Edward Vigus

Mr. and Mrs. Harry H. Kelly

Sidney M. Shoenberg

W. R. Persons

Walter Mayne

Mrs. Walter Kahle
St. Louis Municipal Opera

Stanley Guthunz

Mr. and Mrs. George Savage
Agnes and Sid Levinson

Harry Holmes

Mel and Zella Marcus
Mr. and Mrs. Stanley Kolker
Mr. and Mrs. Morris J. Mathis
Mr. and Mrs. Harvey Wittcoff
Deane S. Allen
Billie Erickson

Flossie Hartman
Marge Gable
Art Niemiller
Elaine Wenneker
Betty Lupker
Ruth Sneed
Clara Tremayne
Helen Boyles
Marion Volmer
Sally Moore
Geneva Keller
Mary Payne
Carol Minor
Beverly Palank
Hannah Golden
Eleanor Patter
Laverne Herchenroeder
Doris Kohler
Sara Oakes
Claire Vigus
Virginia Demmits
Dorothy Lohead

IN HONOR OF:

Barnes Hospital Public Relations

Kathryn Richardson

National League for Nursing, Inc.

Robert E. Frank

Cancer Research

Marie E. Burgard

Annual Fund

Robert W. Hammerstein
St. Louis Union Trust Company
Mrs. Eleanor H. Harford
Emma V. Agne
Robert P. Ward
Larry W. Johnson
Robert Isaacs
Mr. and Mrs. William C. Urban
George B. Lister
Sammie McCollough
Dorothy A. Brodhead
Mary Alice Flesher
Russell G. Johnson
Oscar D'Esopo

Emergency Service Fund

Mrs. Dorothy Wilson
Sanford A. Rubin

Joyce A. Hamilton
Mrs. Gilma McGhee
Viola Schoenfield
Mrs. A. M. Watson
Leona Husmann
Kenneth W. Koechig
Eugenia Jeter
Leslie C. Meyer

Endowment Fund

Alexander Mitchell
Dorothy A. Schnare
William A. Sausmer
Laura Ellen Wadsworth
Lugenia Weaver
Mr. and Mrs. George Canada
Dorthee Von Wecus
Flossie Taylor
Earl M. Lungwitz
Dorothy Stricker
Louis Valentin
Allen Sterner
Elena Benne
Mr. and Mrs. Frank E. Thompson
Lina Pflaum
Mr. and Mrs. Dale Lohead
Nancy Kopf
Theresa Epstein
Mr. and Mrs. Arthur Friedman
Dr. Benjamin B. Blass

Patient Care Fund

Selma R. Cook
Mrs. Lucy T. Calhoun
Mr. and Mrs. Boston Richards
Mr. and Mrs. David Norton
Isadore Pearlstein
Druscilla Givens
Harvey Jorgensen
Mabel F. Thee
Emmett J. Green
Twila Montgomery
William Merritt
Dennis Terry
Mary Jane DeVine
Maria H. Wibbelmann
Harold C. Fehl
Gail Lucas
Mr. and Mrs. Albert Durham
(Continued on next page)

They have your number



Telecommunications secretary Karen Lammert inspects large stacks of the new St. Louis telephone

white pages. The directories were distributed in December.

Patient Care Fund . . .

(Continued from page 7)

Mr. and Mrs. I. A. Saucier, Jr.
Mr. and Mrs. Rodney Andrea

Thomas L. Spalding
Harry Vinyard
Steve Bade
Amelia Prelec
Irene Blender
Mrs. T. H. Mofield
Samuel B. Singer
Professor David Bronson
Mary Jo Moore
George P. Burke
Winston Cook
Mrs. Clark Fiske
Claude Grovero
Newell A. Augur
Robert Brooks
Evelyn Denier
Leslie C. Meyer
Gertrude Mollin
Selma Rippelmeyer
Margaret A. Ryan
Margaret Linder
Dorothea McHattie
Lucille Hardin
Randall Willmore
Martha Dockins
Larry Alderson
Annabell Moscovitz
Stanley Adrian
Edwin B. Burnham

Mrs. Lois C. Foger
Vernon L. Goedecke
Rue Henderson
Virginia O'Connell
Clarence M. Barksdale
Robert C. Isaacs
Flossie Taylor
Mrs. Sally S. Moore
Harry Serfas
Robert P. Brennan
Ralph L. Bain
Harry L. Laba
Walter Kasten
Thelma Baldwin
Dr. John L. Box
Adele M. Autenrieth
Mrs. Marjorie Ruey
Mary Lena Simmons
G. J. Ellis
Josh Barnes
Oma J. Cooper
Robert F. Bruns
Edith M. Harcstein
Vernice Prothro
Iva E. Bye
Jettie D. Ross
Mary Jane Greve
Marian K. Baum
Herbert Krehbiel

Richard G. Nussmeyer
Osie Jones
James W. Fallen
Frank Hynes
Mr. and Mrs. C. S. McKee
Mrs. Mildred McCracken
Mr. and Mrs. H. E. Morris
Mr. and Mrs. Fred Autenrieb

Henrietta B. Lang
Richard Buescher
Maggie L. Smith
Lyman Barker

Orthopedic surgeon receives team award

Dr. Fred Reynolds, Barnes orthopedic surgeon and former team physician for the football Cardinals received a meritorious service award at Quarterback Club ceremonies December 18.

In making the presentation, Jim Bakkan, Cardinal place kicker, said Dr. Reynolds was highly respected by all Cardinal players, adding, "He would never compromise a player's health to get him back out on the field. Believe me, the players appreciate that."

Dr. Reynolds said that so far as he knew "this is the first time a physician has gotten an award with a football team. I'm grateful to be remembered." He added that he believed he had found the key to the Cardinals' success. "During the whole time I was team physician, we always lost. As soon as I stepped down and another man came in, we began to win. All this time what they needed was a better doctor."

Non Profit Org.
U. S. Postage
PAID
St. Louis, Mo.
Permit No. 935

Barnes Bulletin

Barnes Hospital
Barnes Hospital Plaza
St. Louis, Mo. 63110

WASH U SCH MED LIBRARY
4580 SCOTT AVE
ST LOUIS MO 63110

Barnes Bulletin

January, 1976
Barnes Hospital, St. Louis, Mo.

